

Todd J. Stone D.C.
TRUE HEALTH Wellness Center
1119 Hendersonville Road, Suite 330;
Asheville, NC 28803

Request for Records

Patient's Name: _____

Address: Street: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security #: _____

Telephone Number: _____

Requesting Records of Doctor:

Doctor's Name: _____ Fax # _____ Ph# _____

Address: Street: _____

City: _____ State: _____ Zip: _____

Please release the following records:

Imaging Reports

Lab Results

Other: _____

Requested by: Dr. Todd J. Stone
TRUE HEALTH Wellness Center
1119 Hendersonville Road, Suite 330
Asheville, NC 28803

Patient's Signature: _____

Date Requested: _____

PLEASE MAIL OR FAX TO: (828) 277-1415